



Little River Band of Ottawa Indians  
Housing Department  
Mailing Address: 375 River Street  
Physical Location: 1762 US 31 South  
Manistee MI 49660  
1-888-723-8288

**NOTE: AN AUTHORIZATION FOR RELEASE OF INFORMATION MUST BE COMPLETED AND SIGNED BY ALL FAMILY MEMBERS WHO WILL RESIDE IN THE HOME. AUTHORIZATIONS MUST BE UPDATED IN THE EVENT ADDITIONAL RESIDENTS ARE ADDED.**

**AUTHORIZATION FOR RELEASE OF INFORMATION TO HOUSING DEPARTMENT:**

I authorize the release of any information, including documentation and other material pertinent to eligibility for participation under any Little River Band of Ottawa Indians Housing Department Program. Additionally, I authorize the Housing Department to obtain information about me and all my family members that may be pertinent to eligibility for participation.

**INFORMATION COVERED:**

Credit History	Criminal History	Federal, Tribal, State,
Social Security Number(s)	Marital Status	or Local Benefits
Rental History	Child Care Payments	Family Composition
Loans (all kinds)	Unemployment Comp.	Employment/Wages
Delinquency Notices	Mortgage Loan Approvals	Handicapped Status
Foreclosure Notices	G.A.P. Payments	W-2 Payments

**INDIVIDUALS/ORGANIZATIONS THAT MAY RELEASE INFORMATION:**

Financial Institutions (all)	Welfare Agencies	Providers of:
Tribal/County/State/Federal	Credit Bureaus	Alimony, child care,
Courts	Employers (past/present)	medical care, credit,
Law Enforcement Agencies	Schools/colleges	child support, pensions,
Landlords (past/present)	US Dept Veterans Affairs	annuities
Social Security Admin.	US Dept of HUD	
Utility Companies	US Dept of AG, Rural Dev.	
Bureau Indian Affairs		

**CONDITIONS:**

I agree that photocopies of this authorization may be used for the purposes stated above. I also understand that if I do not sign this authorization for release of information, I can be denied eligibility for Tribal and/or Federal Housing Assistance.

\_\_\_\_\_  
Tribal Member Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member (+18 YOA)

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

Local 723.8288  
Fax (231) 398.0799  
Toll Free 1.888.723.8288

Local 723.8288  
Fax (231) 398.0799  
Toll Free 1.888.723.8288